

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. HYAIR-65642	
		First Inventor Garrett H. DeVlieg	
		Title System and Method For Aircraft Braking System	
		Express Mail Label EV327057948US	
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P. O. Box 1450 Alexandria VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification [Total Pages 25] (preferred arrangement set forth below) <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 		a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 4]		ACCOMPANYING APPLICATION PARTS	
5. Oath or Declaration [Total Pages 4] <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 			
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: 10/008,607			
Prior application information: Examiner Christopher P. Schwartz Group / Art Unit: 3683 For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number: 24201 or <input type="checkbox"/> Correspondence address below			
Name _____			
Address _____			
City _____		State _____ Zip Code _____	
Country _____		Telephone _____ Fax _____	
Name (Print/Type) James W. Paul		Registration No. (Attorney/Agent) 29,967	
Signature _____		Date 10/20/2003	

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



16569 U.S. PTO
10/20/03

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004 <i>Effective 10/01/2003. Patent fees are subject to annual revision.</i>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	
		Filing Date	October 20, 2003
		First Named Inventor	Garrett H. DeVlieg
		Examiner Name	Christopher P. Schwartz
		Art Unit	3863
		Attorney Docket No.	HYAIR-65642
TOTAL AMOUNT OF PAYMENT (\$)		\$770.00	

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																													
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES																																													
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 06-2425 Deposit Account Name: Fulwider Patton et al.																																															
The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																															
FEE CALCULATION																																															
1. BASIC FILING FEE																																															
<table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001</td><td>2001</td><td>770</td><td>385</td><td>Utility filing fee</td><td>770.00</td></tr><tr><td>1002</td><td>2002</td><td>340</td><td>170</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>2003</td><td>530</td><td>265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>2004</td><td>770</td><td>385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>2005</td><td>160</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5">SUBTOTAL (1)</td><td>(\$) \$770.00</td></tr></tbody></table>		Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid	1001	2001	770	385	Utility filing fee	770.00	1002	2002	340	170	Design filing fee		1003	2003	530	265	Plant filing fee		1004	2004	770	385	Reissue filing fee		1005	2005	160	80	Provisional filing fee		SUBTOTAL (1)					(\$) \$770.00				
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid																																										
1001	2001	770	385	Utility filing fee	770.00																																										
1002	2002	340	170	Design filing fee																																											
1003	2003	530	265	Plant filing fee																																											
1004	2004	770	385	Reissue filing fee																																											
1005	2005	160	80	Provisional filing fee																																											
SUBTOTAL (1)					(\$) \$770.00																																										
2. EXTRA CLAIM FEES FOR UTILITY AND																																															
<table border="1"><thead><tr><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>Total Claims 9 - 20** = 0</td><td>X 0</td><td>= 0.00</td></tr><tr><td>Independent Claims 1 - 3** = 0</td><td>X 0</td><td>= 0.00</td></tr><tr><td>Multiple Dependent</td><td></td><td></td></tr></tbody></table>		Extra Claims	Fee from below	Fee Paid	Total Claims 9 - 20** = 0	X 0	= 0.00	Independent Claims 1 - 3** = 0	X 0	= 0.00	Multiple Dependent																																				
Extra Claims	Fee from below	Fee Paid																																													
Total Claims 9 - 20** = 0	X 0	= 0.00																																													
Independent Claims 1 - 3** = 0	X 0	= 0.00																																													
Multiple Dependent																																															
<table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1202</td><td>2202</td><td>18</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>2201</td><td>86</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>2203</td><td>290</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>2204</td><td>86</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>2205</td><td>18</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5">SUBTOTAL (2)</td><td>(\$) \$0.00</td></tr></tbody></table>		Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid	1202	2202	18	9	Claims in excess of 20		1201	2201	86	43	Independent claims in excess of 3		1203	2203	290	145	Multiple dependent claim, if not paid		1204	2204	86	43	** Reissue independent claims over original patent		1205	2205	18	9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					(\$) \$0.00				
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid																																										
1202	2202	18	9	Claims in excess of 20																																											
1201	2201	86	43	Independent claims in excess of 3																																											
1203	2203	290	145	Multiple dependent claim, if not paid																																											
1204	2204	86	43	** Reissue independent claims over original patent																																											
1205	2205	18	9	** Reissue claims in excess of 20 and over original patent																																											
SUBTOTAL (2)					(\$) \$0.00																																										
*or number previously paid, if greater; For Reissues, see above		SUBTOTAL (3) (\$)																																													
		*Reduced by Basic Filing Fee Paid																																													

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	James W. Paul	Registration No. (Attorney/Agent)	29,967
Signature		Telephone	310-824-5555
		Date	10/20/2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.